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**FORM  
500V**  
(DOC ID 500)

**VIRGINIA DEPARTMENT OF TAXATION**  
**P.O. BOX 1500, RICHMOND, VA 23218-1500**  
**FOR INFORMATION CALL (804) 367-8037**

Check type of return  
☐ original  
☐ amended

Virginia Account Number	Federal Employer's ID Number	Entity Type
Name of corporation		First 4 letters of corp. name
Address (Number and Street)		
Address continued		
City, State and Zip Code		
Date	Telephone Number	

Month Ending	Year Ending

OR,

Amount of this payment

\$

**Attach this voucher to Form 500, or Form 500-EC with a check or money order made payable to Virginia Department of Taxation.**